POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	10/780,447					
Filing Date	February 13, 2004					
First Named Inventor	med Inventor Chandra Vargeese					
Title	Conjugates and Compositions for Cellular Delivery					
Group Art Unit	1623					
Examiner Name	Eric Olsen					
Attorney Docket Number	SIR-MIS-00003-US-CIP[2]					

I hereby revok	e all prev	vious powers of attorney given	in the a	bove	-identifi	ied applic	eation.			
I hereby appoint:										
Practitioners associated with the Customer Number 79693 OR Practitioner(s) named below:										
Name Registration Number										
	Name					tation in	iliioei			
								_		
]	
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.										
	Please recognize or change the correspondence address for the above-identified application to:									
		ed with the above-mentioned (••				
<u>or</u>	-									
	associate	ed with Customer Number	79693							
OR Firm or										
Individual	Name	Sirna Therapeutics, Inc.								
Address		1700 Owens Street, 4th Floor								
Address										
City		San Francisco	State	CA			Zip	94158		
Country		USA								
Telephone		415-814-7200]	Fax	415-512	2-7022			
I am the:										
Applicant/Inventor.										
Assignee (s) of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed.										
SIGNATURE of Applicant or Assignee of Record										
Signature		K 28					St, C	سر اله	2008	
Name	Peter H	aeberli			Telephone 415-814-8491					
Title and Company	Managin	ng Assistant Counsel, Sirna Therapeutics, Inc. (wholly owned subsidiary of Merck & Co.)								
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature required, see below*.										
*Total of 1 forms are submitted.										